



CITY OF GRAND RAPIDS
ASSESSOR'S OFFICE
SPECIAL ASSESSMENT ROLL
APPEAL FORM

SPECIAL ASSESSMENT ROLL NUMBER: _____

SPECIAL ASSESSMENT DESCRIPTION: _____

Parcel Number: 41-_____

Property Address: _____

Amount of Assessment _____

I respectfully object to the amount of the Special Assessment placed against my property for the following reasons:

Date: _____ Signature: _____

Printed Name: _____

Mailing Address: _____

Daytime Phone: _____

After completing this form, attach a copy of your special assessment notice and return both to the Assessor's Office by 5:00 pm on the date indicated on your special assessment notice. Otherwise, you may bring this form and a copy of your special assessment notice with you to the Board of Review public hearing as stated on your notice.

Assessor's Office
300 Monroe Avenue NW
Grand Rapids, MI 49503